

Application for Refund of State Diesel Tax on Heating Fuel
 Refund of Montana Diesel Tax

SSN or Fed ID#: _____ Time period for Refund: _____ to _____

Applicants Name: _____

Mailing Address: _____ Phone Number: _____

City: _____ State: _____ Zip Code + 4: _____

INSTRUCTIONS

1. **All Information requested on this application is required.** Failure to complete the form will result in the return of the application and will delay your refund.
2. Based on the postmark date of application, invoices must be submitted within thirty six (36) months of date of purchase.
3. Original invoices must be listed on Schedule 3 (page 2) and submitted with the application.
4. The name on this application must match the name on all invoices. If the names differ in anyway a signed statement declaring the names on the invoices and the applicant are on in the same.
5. This claim must have an original signature or it will be returned to sender.
6. The fuel placed in the tank must be used exclusively for heating and the invoices must show that the fuel purchased was heating fuel.

Heating Fuel Only

Total Gallons
(from Schedule 3)
 \$ _____

Refund Amount
Per Gallon
 X \$0.2775 =

Total Refund
Amount
 \$ _____

I hereby declare and represent that the above and foregoing is a true and correct statement showing diesel purchased and entirely consumed by the applicant for heating purposes only; that the invoices included are the original purchase invoices received at the time of purchase and delivery; that said claim against the State of Montana is just and wholly unpaid.

Paid Preparer's Name: _____

Address: _____ Phone: _____

Signature: _____ Date: _____

May the Department of Transportation discuss this application with the preparer above? ☐ Yes ☐ No

Applicant's Signature: _____ Date: _____

By cooperative agreement, the Montana Department of Transportation exchanges fuel tax information with other tax collecting agencies. MDT attempts to provide accommodations for any known disability that may interfere with a person participating in any service, program or activity of the Dept. Alternative accessible formats of this information will be provided upon request. For further information call (406) 444-7278 or TTY (800) 335-7592, or by calling Montana Relay at 711

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FOR OFFICE USE ONLY

File Location: _____ Entered: ____/____/____ - ____

Processed: ____/____/____ - ____ Pre-Approved: ____/____/____ - ____

Approved: ____/____/____ - ____ Postmark Date: ____/____/____

List Tax Paid Purchases Only
Attach Original Invoices

Total: (Enter total in column 1 on front of application)